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FACSIMILE TRANSMISSION COVER SHEET

Date: October 13, 2005

To: United States Patent and Trademark Office
Examiner: Gurley, Lynne Ann; Art Unit: 2812

Fax: (571) 273-8300

Re: **Application Serial No.: 10/673,597**
Filing Date: 9/29/2003; First-Named Inventor: Xie
Attorney Docket No.: 0180227

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 15

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated July 13, 2005.

Thank you.

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Attorney Docket No.: 0180227

AMENDMENT COVER SHEET

IN RE APPLICATION OF: Xie, et al.SERIAL NO.: 10/673,597 FILED: September 29, 2003FOR: Slurry-Less Polishing for Removal of Excess Interconnect Material During Fabrication of a Silicon Integrated CircuitHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

	RATE Non-Small Entity	RATE Small-Entity	FEE
FIRST MONTH AFTER TIME PERIOD SET	120.00	60.00	\$
SECOND MONTH AFTER TIME PERIOD SET	450.00	225.00	\$
THIRD MONTH AFTER TIME PERIOD SET	1,020.00	510.00	\$
FOURTH MONTH AFTER TIME PERIOD SET	1,590.00	795.00	\$

- ☐ TOTAL EXTENSION FEE \$ 0.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

	Column 1	Column 2	Column 3			
	Number of Claims after Amendment	Number Previously Paid for	Number of Extra Claims	RATE Non-Small Entity	RATE Small Entity	FEE
TOTAL CLAIMS	8	MINUS **20	* = 0	x 50	x 25	\$
INDEPENDENT	1	MINUS ***3	* = 0	x 200	x 100	\$
First presentation of multiple dependent claim				+ 360	+ 180	\$

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 0180227

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

10/13/05

By:

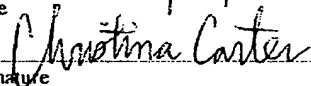

Michael Farjami, Reg. No. 38,135**CERTIFICATE OF FACSIMILE TRANSMISSION**

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Date

10/13/05

Signature



Name of Person Performing Facsimile Transmission

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OCT 13 2005

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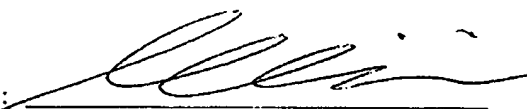
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Name of Person Performing Facsimile Transmission Christina Carter

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For: **Slurry-Less Polishing for Removal of
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Fabrication of a Silicon Integrated
Circuit**

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated July 13, 2005 in the above-referenced patent application. Please enter and consider the following amendments and remarks.